FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

				L	Please read (nsuuctions de	tore complete	ng and for No	ice regarding	banke parae	ո.յ						
SECTION 1 - General Informat														1			
1. Name and Mailing Address of Respondent														1			
Alenco Communications, Inc. P.O. Box 1000 Joshua, TX 76058													Check here if this is a change of address.				
2. Year Report Filed			Period (Ending Date of Pay 4. Number of Full-Time Employees during Selected														
2018			Period Covered by Report) 03/15/2018						Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 6 or more (complete all sections)								
SECTION II - Full-Time Employ	yees.	· · · · · · · · · · · · · · · · · · ·															
	L	Number of Employees (Report employees in only one category)															
Job Categories		Race/Ethnicity															
			enic or	Not-Hispanic or Latino													
		Latino		Male								Female					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N	
		Α	В	С	D	E	F	G	н	ı	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			5						1						6	
First/Mid-Level Officials and Managers	1.2	1								1						2	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4			1												1	
Administrative Support Workers	5		3							2						5	
Craft Workers	6	5		6												11	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	6	3	12	0	0	0	0	0	4	0	0	0	0	0	25	
PREVIOUS YEAR TOTAL	11	5	4	12	0	0	0	0	0	5	0	0	0	0	0	26	

SECTION III - Part-Time Emplo	yees.															
		Number of Employees (Report employees in only one category)														
Job	Race/Ethnicity															
Categories		anic or	Not-Hispanic or Latino													
		Launo		Male							Female					
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	500 8990	
	А	В	С	D	E	F	G	Н	t	J	к	L	М	N	О	
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11														0	
SECTION IV - Report of Discrir	mination Comp	laints Pursua	ant to 47 CFF	22.321, 23.5	55, 90.168, 10	1.4, and 101.	.311.									
This is to advise the company before an This is to advise the (Attach a list indicate	y body having c Commission the	ompetent juris	diction in suc ng complaints	h matters dur alleging viola	ing the calend	ar year cover	red by this rep ny equal empl	ort. oyment oppor	tunity statute	have been fil	ed against this	s company.				
SECTION V - Certification	- Index 1.4		-f -ll													
I certify that to the best of my known				ents in this re	port are true a	Signature		00				Telephone N	le.			
	yped or Printed Mary Jo N			Mary Jo Monary (817) 447-0127												
Title of Person Signing Chief Financial Off	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											EVOCATIO				